

**STATE OF IDAHO
DIVISION OF BUILDING SAFETY
PLUMBING BUREAU, LICENSING SECTION
1090 E. WATERTOWER ST.
MERIDIAN, ID 83642
(208) 334-3442
dbs.idaho.gov**

APPLICATION FOR JOURNEYMAN PLUMBER LICENSE

In order to be approved for the Idaho State Journeyman Plumber exam you must have at least four (4) years experience as an apprentice making plumbing installations under the constant on-the-job supervision of a qualified journeyman plumber (Pipe fitting will not be accepted as qualifications for a journeyman plumber's license), and four (4) years (a minimum of 576 hrs) of approved plumbing apprenticeship class room instruction.

An applicant with **out-of-state experience** may either provide proof of the above requirements or proof of a current license or photo copy of it from another jurisdiction as proof of experience.

A plumbing journeyman shall be any person, who as his principal occupation, is engaged in the installation, improvement, extension and alteration of plumbing systems, and who is familiar with the provisions of this act and who works in the employ and under the direction of a plumbing contractor.

TESTING: An applicant for testing must submit an application to the Plumbing Bureau. Upon application approval, the Plumbing Bureau will issue an **examination registration form** to the applicant, which must be completed by the applicant and submitted to the testing service.

The Plumbing Journeyman exam is two parts: (1) answers to written questions and (2) practical work performed on a job in progress after successful completion of the written work. Time allowed for the written examination is three (3) hours. A passing grade of 75% is required on the written examination. The practical work must pass with no violations.

RECIPROCITY: Idaho has journeyman plumber licensing reciprocity with the states of **Montana, Oregon, Washington (Must be a WA resident)**. If you tested for your journeyman plumber license in any of the above states, you may be eligible for licensing reciprocity. Please include a copy of your **current** journeyman license and the license verification page of this application (page 5) with this completed application.

FEES: A \$22.50 administrative fee must accompany this application, whether applying to test or to reciprocate. If an applicant for testing does not take the examination within 1 year of Bureau approval, he/she must reapply to the Plumbing Bureau and resubmit the administrative fee. **Applicants for reciprocity may include the \$29.40 license fee with the application.**

Upon passing the examination, (both the written and the practical) a license fee will be calculated for you, based on your birth date. *(Applicants failing to purchase a license within ninety (90) days of the date of successful examination shall be required to reapply for licensure, again obtain the Bureau approval and re-examine.)*

APPLICATIONS WILL NOT BE PROCESSED UNLESS COMPLETELY FILLED OUT, SIGNED AND NOTARIZED. Payment may be made in the form of personal check, money order, cashier's check. **ALL DISHONORED CHECKS WILL BE REQUIRED TO PAY A COLLECTION FEE NOT TO EXCEED \$20.00, AS PER IDAHO CODE 28-22-105.**

FOR PLUMBING BUREAU USE

APPROVAL: _____
DATE: _____

STATE OF IDAHO
DIVISION OF BUILDING SAFETY
PLUMBING BUREAU

APPLICATION FOR JOURNEYMAN PLUMBER LICENSE

_____ **TESTING**

_____ **RECIPROCITY** (Applicants Applying For Reciprocity Must Enclose A Copy Of Their Current License With This Application)

Name: _____ Date of Birth: _____

Social Security Number: _____ Telephone Number: _____

E-Mail Address: _____ Cell Phone Number: _____

Mailing Address: _____
Street, Box, or Route City State Zip Code

Have You Ever Had a Plumber License?

_____ No _____ Yes: Location: _____ Type or Grade: _____ In force from: _____ to: _____

Was License Obtained by Examination? No _____ Yes; _____ Date: _____

Address When Tested: City: _____ State: _____

Have You Ever Served a Plumbing Apprenticeship? No _____ Yes _____

Apprenticeship Served With: _____

Address: _____
Street, Box, or Route City State Zip Code

From: _____ To: _____
(Month/Day/Year) (Month/Day/Year)

THIS APPLICATION MUST BE SIGNED AND NOTARIZED

I, _____, being first duly sworn, do hereby certify that the above statements are true and correct.

I UNDERSTAND THAT I AM RESTRICTED, WHILE HOLDING THE LICENSE HEREIN APPLIED FOR, TO EMPLOYMENT WITH AND UNDER THE DIRECTION OF A LICENSED PLUMBING CONTRACTOR.

Signature of Applicant

Date

THIS SECTION TO BE COMPLETED BY A NOTARY PUBLIC

Subscribed And Sworn To Before Me This _____ Day Of _____, 20_____

SIGNATURE OF NOTARY

NOTARY PUBLIC FOR: _____

COMMISSION EXPIRES : _____

STATE OF IDAHO
DIVISION OF BUILDING SAFETY
PLUMBING BUREAU

PLUMBING EMPLOYMENT RECORD
APPLICATION FOR JOURNEYMAN PLUMBER LICENSE

NOTE: Applicants for testing must provide the Plumbing Bureau with **notarized letters of verification of employment from each employer**, including the complete address of said employer to process your application, unless this information has already been provided to the Bureau through registration in the Idaho plumbing apprenticeship program. **Forty Eight (48) months of full-time employment in the plumbing trade must be verified in order for this application to be approved.** To be credited for plumbing experience gained in military service, you must include a copy of your DD-214 with this application.

IF PRESENTLY LICENSED WITH ANOTHER STATE, YOU MUST ENCLOSE A COPY OF YOUR CURRENT LICENSE

Present Employer: _____ Telephone Number: _____

E-Mail Address: _____ Fax Number: _____

Address: _____
Street, Box, or Route City State Zip Code

Type of Work, (Be Specific): _____

Dates Employed From: _____ To: _____
(Month/Day/Year) (Month/Day/Year)

Previous Employer: _____ Telephone Number: _____

E-Mail Address: _____ Fax Number: _____

Address: _____
Street, Box, or Route City State Zip Code

Type of Work, (Be Specific): _____

Dates Employed From: _____ To: _____
(Month/Day/Year) (Month/Day/Year)

Previous Employer: _____ Telephone Number: _____

E-Mail Address: _____ Fax Number: _____

Address: _____
Street, Box, or Route City State Zip Code

Type of Work, (Be Specific): _____

Dates Employed From: _____ To: _____
(Month/Day/Year) (Month/Day/Year)

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EMPLOYER'S VERIFICATION FORM

THIS PAGE MAY BE COPIED AS NECESSARY FOR MORE THAN ONE EMPLOYER.

Applicant Name: _____

Dates of Verification: _____
From: (month/day/year) To: (month/day/year)

THIS APPLICATION MUST BE SIGNED AND NOTARIZED

This work was full-time plumbing work performed under the constant on the job supervision of a journeyman plumber and in the employ of a licensed plumbing contractor:

Employer/Contractor: _____ License Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Signature _____ Date _____

THIS SECTION TO BE COMPLETED BY A NOTARY PUBLIC

Subscribed And Sworn to before me this _____ Day of _____, 20 _____

NOTARY SIGNATURE
NOTARY PUBLIC FOR: _____

COMMISSION EXPIRES: _____

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Reciprocal License Verification Form
To be completed by verifying agency

This application must be completed and returned with your application if you plan to **RECIPROCAT** a license that was obtained in another state. Idaho currently has reciprocal agreements with the following states:

Electrical: Montana (Journeyman), Oregon (Journeyman), Utah (Journeyman and Masters), Wyoming (Journeyman and Masters) and Washington (Limited Energy and Sign Specialty Journeyman).

Plumbing: Montana (Journeyman), Oregon (Journeyman) and Washington (Journeyman).

Name of Licensee: _____

Type of License Issued: _____

License Number: _____ **Original Date of Issuance:** _____

Expiration Date: _____ **License Issued By Examination:** _____

Exam Date: _____ **Status of License:** _____

Experience required for License: _____

License Issued By : _____ **Reciprocal Agreement** **State:** _____

Disciplinary Action or Pending Action: _____

Verifying State: _____ **Date Verified:** _____

Agency: _____

Signature of Person Verifying: _____

Phone Number: _____

State Seal: